

COLLEGE OF NAME:-.....



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PHOTOGRAPH

11/11/2019

1. Please read the form carefully before filling it.
2. Use only Blue or Black Pen to fill up the Form in English using CAPITAL/BLOCK LETTERS only.
3. Please keep a photocopy of the Form, before submitting, as a ready reference.
4. Incomplete Form will not be considered.

considered.

THE DETAILS:

on:

The logo of the University of the Pacific is centered on the page. It features a circular emblem with a graduation cap (mortarboard) in the center, flanked by two open books. The emblem is surrounded by a laurel wreath. Above the wreath are three stars. Below the emblem is a banner with the text "UNIVERSITY OF THE PACIFIC" (though the text is not legible in this image). The entire logo is rendered in a light gray color.

Programme Name: _____

Programme Specialization : _____

Session /Year:.....

OSSDNGEDU

- | | | | | | | | | | | |
|---|-------------------------------|---------------------------------|---------------------------------|-----------------------------------|-----------------------------------|--------------------------------|---------------------------|---|-------------------------|----------------------|
| 1. Gender (tick) | ☐ Male | ☐ Female | ☐ Others | Date of Birth | <input type="text"/> DD | - | <input type="text"/> MM | - | <input type="text"/> YY | <input type="text"/> |
| (As mentioned in Matriculation Certificate) | | | | | | | | | | |
| 2. Name of Applicant | <input type="text"/> | | | | | | | | | |
| (As mentioned in Matriculation Certificate) | | | | | | | | | | |
| 3. Father's Name | <input type="text"/> | | | | | | | | | |
| 4. Mother's Name | <input type="text"/> | | | | | | | | | |
| 5. Aadhar No. | <input type="text"/> | | | | | | | | | |
| 6. Email Id | <input type="text"/> | | | | | | | | | |
| 7. Marital Status | <input type="text"/> | | | | | | | | | |
| 8. Category | SC ☐ | ST ☐ | OBC ☐ | GEN ☐ | Minority ☐ | EWS ☐ | In case of others Specity | | <input type="text"/> | |
| 9. Nationality | <input type="text"/> | | | Domicile ☐ | Manipur ☐ | Other ☐ | In case of others Specity | | <input type="text"/> | |
| 10. Whether differently abled | Yes ☐ | No ☐ | If yes, specify | | <input type="text"/> | | | | | |

CONTACT DETAILS

Permanent Address (Don't Repeat Name)

City..... State Pin Code

Permanent Mobile No. (On which all the important information to be delivered)

Parent/Guardian Name Parent/ Guardian Occupation.....

Parent/Guardian Contact no..... Mobile no.....

QUALIFYING EXAMINATION DETAILS*

Examination	Degree	Board/University	Name of School/College	Total Marks	Marks Obtained	CGPA	Year of Passing	Subject
High School								
10+2 or Equivalent								
Graduation								
Post Graduation								

* Self attested copies of certificates/marksheet should be attached.

Payment details (applicable for downloaded form only).....

Mode of Payment	Date	Amount	Campus / Name of the Bank

DECLARATION BY CANDIDATE

I hereby declare that all the information furnished by me are correct & best of my knowledge.

Candidate's Signature..... Parent's/Guardian Name

Parent's/Guardian Signature..... Place..... Date